



Ashland City Fire Department

An Equal Opportunity Employer

101 Court St., Ashland City, TN 37015

Phone: 615-792-4531 Fax: 615-792-7100

Volunteer Membership Application

Personal Information (Please print legibly)

Date of Application: _____

Name: _____ Date of Birth: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ Class: _____ State of Issue: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

E-Mail: _____

Emergency Contact: _____ Relationship: _____

Emergency Telephone: _____

Address: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Occupation: _____ Current Employer: _____

Have you ever been convicted of a criminal offense (misdemeanor or felony)? If yes, please explain:

What times would you be available for calls? Day _____ Night _____ Weekend _____

How did you find out about volunteering with the Ashland City Fire Department?

Education and Specialized Training

Schools Attended	Name and Location of School	No. of Years Attended	Did you Graduate?
High School	_____	_____	_____
College	_____	_____	_____
Trade, Business or	_____	_____	_____
Correspondence	_____	_____	_____
School	_____	_____	_____

Do you currently hold certifications in any of the following fields? If yes, please list dates, certification numbers, and place or department of certification:

Fire Suppression: No ___ Yes _____
Rescue or Extrication: No ___ Yes _____
Emergency Medical: No ___ Yes _____
Hazardous Materials: No ___ Yes _____

Have you ever volunteered or worked for Ashland City Fire Department or any other fire department? If so, list departments and dates you were a member?

Employment History

List below the last three employers, starting with the most recent.

Name of Employer: _____ Years Employed _____
Phone: _____ Address: _____ City: _____
State: _____ Zip: _____ May we contact? ___ Yes ___ No

Name of Employer: _____ Years Employed _____
Phone: _____ Address: _____ City: _____
State: _____ Zip: _____ May we contact? ___ Yes ___ No

Name of Employer: _____ Years Employed _____
Phone: _____ Address: _____ City: _____
State: _____ Zip: _____ May we contact? ___ Yes ___ No

References

List three persons you are not related to who have known you at least one year.

Name: _____ Phone _____ Years Acquainted ____
Name: _____ Phone _____ Years Acquainted ____
Name: _____ Phone _____ Years Acquainted ____

Signature: _____ Date: _____

We're Quick - We're Trained - We're Nice

Authorization for release of information.

Please Print Legibly

I authorize the Ashland City Fire Department to obtain any information relating to my activities from schools, employers, and criminal justice agencies. This information may include, but is not limited to, my academic and employment history, and criminal history record information.

Name: _____

Other Names Used: _____

Date of Birth: _____ Social Security Number: _____-_____-_____

Driver's License Number: _____

I understand that the information obtained by the release of these records is for official use only. This authorization is valid for 2 (two) years from date signed.

Signature: _____

Date: _____

Print Name: _____



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INSTRUCTIONS FOR SUBMITTING APPLICATION

- 1) Save your application onto your computer. This program does not save a copy, so be sure and save one for your files.
- 2) Submit your application one of the following ways:
 - a. Print and mail to: Ashland City Fire Department, PO Box 36, Ashland City TN 37015.
 - b. Drop off at the Fire Department at 101 Court Street, Ashland City.
 - c. Fax to: 615-792-7100
 - d. To electronically submit:
 - i. Attach completed application to an e-mail and send to: tknack@ashlandcity.net

Once your application has been received, it will be reviewed and you will be called in for an interview. If you have any questions, please don't hesitate to contact us at 615-792-4211.